PTO/SB/08a (04-09)
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Subs	stitute for form 1449/PT	о		Complete if Known		
				Application Number	10/540,435-Conf. #1639	
IN	FORMATIC	ON DIS	SCLOSURE	Filing Date	March 27, 2006	
S	STATEMENT BY APPLICANT			First Named Inventor	Andreas Orth	
				Art Unit	1793	
	(Use as many sheets as necessary)			Examiner Name	SHEVIN, MARK L	
Sheet	1	of	3	Attorney Docket Number	20941/0211432-US0	

			U.S. PA	TENT DOCUMENTS	
Examiner Initials*	Cite No.1	Document Number Number-Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Signature	Date Considered	

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Sheet	2	of	3	Attorney Docket Number	20941/0211432-US0	

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Examiner	Date
Signature	Considered

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"				Application Number	10/540,435-Conf. #1639	
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-				Art Unit	1793	
l	(Use as many sh	eets as	necessary)	Examiner Name	Not Yet Assigned	
Sheet	3	of	3	Attorney Docket Number	20941/0211432-US0	

_	_	NON PATENT LITERATURE DOCUMENTS	_
Examiner Initials	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T2
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^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.